



STATE OF TENNESSEE  
BOARD OF ARCHITECTURAL AND ENGINEERING EXAMINERS  
DEPARTMENT OF COMMERCE AND INSURANCE  
Summary Log of Professional Development Hours (PDH's) Earned

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

DATE(S) OF ACTIVITY	Check (✓)* if applicable	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	PDH'S EARNED	PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL					

\* Check (✓) if activity is being carried over from previous renewal period (max. 12 PDH's)

**CERTIFICATION**

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Profession AND Registration No.: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Certificate of Registration Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_